Aging and Long-Term Support Administration

Bill Moss, *Assistant Secretary*

2013-2015

Strategic Plan

January 2014

Washington State Department of Social & Health Services

We transform lives

VISION

Seniors and people with disabilities living with good health, independence, dignity, and control over decisions that affect their lives

MISSION

To transform lives by promoting choice, independence and safety through innovative services

VALUES

Collaboration
Respect
Accountability
Compassion
Honesty and Integrity
Pursuit of Excellence
Open Communication
Diversity and Inclusion
Commitment to Service

Introduction

The Department of Social and Health Services Aging and Long-Term Support Administration (ALTSA) offers services that empower senior citizens and people with disabilities to remain independent and supported in settings of their choice. This is accomplished through person-centered case management that works with individuals to build a care plan that reflects individual choices and preferences.

ALTSA offers a variety of services that support people in the community, including:

- Support for family and kinship caregivers.
- Personal care and supportive services for individuals living in their own homes, adult family homes and assisted living settings.
- Available nursing services in all settings.
- Assistance with movement from nursing homes to independent living.
- Information and assistance regarding services available in home, and in adult family homes, assisted living facilities, and nursing homes.
- Options counseling.
- Locally-designed programs focused on the needs of senior citizens.
- Care coordination for foster children to support improved outcomes for the children and their families.

ALTSA is also responsible for protecting the safety, rights, security, and well-being of people in licensed or certified care settings and for the protection of vulnerable adults from abuse, neglect, abandonment, and exploitation. ALTSA conducted more than 16,000 abuse investigations last year. In addition to investigating abuse, ALTSA offers protective services when the situation requires action in order to ensure vulnerable adults are safe.

ALTSA Core Principles:

ALTSA's strategies are driven by several bedrock principles.

We believe the people we support:

- Should have the central role in making decisions about their daily lives.
- Will choose supports that promote health, independence, community integration, and self-determination.
- Succeed best when support is person-centered and recognizes that their needs are interrelated.

We believe **families and friends** of the people we support:

- Are an essential reason many people can live successfully in their own homes and communities.
- Can realize a positive difference in their lives, and the lives of their loved one, with even a small investment in support.
- Act as advocates for quality support and services in the best interest of their family member or friend.

We believe the **system of services** ALTSA sponsors must be:

- Accountable for outcomes and costs.
- Informed by evidence of effectiveness.
- Responsive to changing needs.
- Sustainable over time and within realistic resource estimates.
- Collaborative with service recipients, families, communities, providers, partners, and other stakeholders.
- Able to keep people free from abuse and neglect, and support shared responsibility with individuals, families, providers, advocates and communities to prevent or respond to abuse and abusers.

DSHS Goals

Goal 1

HEALTH – Each individual and each community will be healthy.

Goal 2

SAFETY – Each individual and each community will be safe.

Goal 3

PROTECTION – Each individual who is vulnerable will be protected.

Goal 4

QUALITY OF LIFE – Each individual in need will be supported to attain the highest possible quality of life.

Goal 5

PUBLIC TRUST – Strong management practices will ensure quality and efficiency.

Goals

Governor Jay Inslee's Results Washington Goals

ALTSA is a partner in Governor Jay Inslee's **Results Washington**, a focused effort to create effective, efficient, and accountable government.

Results Washington Goal Area number 4 is Healthy and Safe Communities. Under this goal area, ALTSA has lead responsibility for two success metrics under the ***Supported People: Quality of Life*** success indicator.

The ALTSA **Results Washington** success metrics are:

- Increase the percentage of supported seniors and individuals with a disability served in home and community-based settings from 86.6 percent to 87.2 percent by 6/30/2015.
- Increase the percentage of aging and long-term service and support clients served in home and community-based settings from 82.9 percent to 83.7 percent by 6/30/2015.
- Decrease the percentage of vulnerable adult abuse and neglect investigations open longer than 90 days from 23.2 percent to 12.05 percent by 6/30/2015.

Department of Social and Health Services (DSHS) Goals

As a member of the DSHS team, ALTSA also has lead responsibility for performance metrics that fit within DSHS' departmental goals. DSHS has the following five broad goals:

- **Health** – Each individual and each community will be healthy.
- **Safety** – Each individual and each community will be safe.
- **Protection** – Each individual who is vulnerable will be protected.
- **Quality of Life** – Each individual in need will be supported to obtain the highest possible quality of life.
- **Public Trust** – Strong management practices will be used to ensure quality and efficiency.

ALTSA Success Metrics Supporting the DSHS Goals:

Health:

- Increase the number of individuals with high medical risks receiving Health Home services.
- Increase the number of individuals receiving coordinated services through Medicare and Medicaid.
- Maintain the number of contacts, care recommendations, and discharge of referred foster children at current levels.

Safety:

- Timely licensing re-inspections of Adult Family Homes, Assisted Living Facilities and Nursing Homes.
- Timely quality assurance for Residential Habilitation Centers and Supported Living Facilities.

Protection:

- Timely response to abuse and neglect allegations for vulnerable adults living at home.
- Decrease the number of open cases per investigative staff (caseload).
- Decrease percentage of abuse investigations open longer than 90 days.
- Improve the response time to abuse and neglect allegations in long-term care facilities.

Quality of Life:

- Increase the percentage of long-term services and support clients receiving services in home and community-based settings.
- Increase the number of clients who relocate from nursing homes to home and community-based settings.
- Increase the percentage of caregivers supported in the Family Caregiver Support Program, as an alternative for care recipients who remained without Medicaid long-term care services for 60 days or longer.
- Increase the number of applications approved within required time frames. Improve the determination of functional eligibility and access to services.
- Increase the number of applications approved within required time frames. Improve the determination of financial eligibility.

Strategic Plan

Below are the details of ALTSA's Strategic Plan to meet each Strategic Objective. Strategic Objectives are discussed under the respective DSHS goal area. Strategic Objectives include a statement of importance, a quantified success measure, a timeline and, most importantly, an Action Plan. Strategic Objectives are monitored and reported quarterly at: http://ppa.dshs.wa.lcl/CoreMetrics/Pages/ExcelNEW.aspx. Action Plans are updated quarterly (where applicable).

Strategic Objectives, Importance, Success Measures and Action Plans

DSHS Goal 1: Health - Each individual and each community will be healthy.

Strategic Objective 1.1: Improve health outcomes for individuals with high medical risk factors through implementation of the Medicaid Health Home services.

Importance: Individuals with high medical risk factors continue to experience poor health outcomes, in many cases because of low engagement in managing their health needs. This results in poor outcomes for the individual and higher costs for the state. Assisting individuals to self-manage their chronic conditions through the provision of Health Homes can empower them to take charge of their health care.

Success Measure: Increase the number of individuals who are engaged in Health Home services through the establishment of a Health Action Plan. Additional success measures will be consistent with performance measures included in the Final Agreement with the federal Centers for Medicare and Medicaid Services, and will be defined in the March 2014 update to the Behavioral Health and Service Integration strategic plan update. Some performance measures likely to be included in the final agreement are the percentage of:

- Hospital readmissions;
- Avoidable emergency room visits for individuals receiving Health Home services;
- Individuals with fewer than 30 days between hospital discharge to first follow-up visit.

Action Plan: Implementation of Health Home services went into effect in July and October of 2013. ALTSA will collaborate with the Health Care Authority and Behavioral Health and Service Integration Administration/DSHS to address implementation issues related to consumer enrollment and engagement in Health Home services. ALTSA continues to provide subject matter expertise for care coordination training in the delivery of, and engagement of, long-term care services and supports in Health Home services.

Plan

Strategic Objective 1.2: Improve health outcomes, coordination of care and the individual's experience of care through implementation of the HealthPath Washington Integration demonstration project in Snohomish and King Counties.

Importance: Washington is partnering with the federal Centers for Medicare and Medicaid Services to improve care for individuals receiving both Medicare and Medicaid services. HealthPath Washington is a joint demonstration project between DSHS and the Health Care Authority. The project will test a managed care financial model that integrates the purchase and delivery of Medicare and Medicaid medical, behavioral health and long-term services and supports through a single health plan. Enrollment will be voluntary and participants will be able to choose between health plans. Both counties have provided valuable input into the design and will continue with implementation efforts, monitoring and evaluation.

Success Measure: Increase the number of individuals receiving coordinated services through Medicare and Medicaid. Performance measures for the demonstration project are under development and dependent on Centers for Medicare and Medicaid Services approval.

Action Plan: Collaborate and partner with other DSHS administrations to provide input and guidance toward implementation of the fully-capitated model. Determine policy, coordination, waiver authorities and communication strategies on how to incorporate long-term services and supports in the managed care model. Continue to work with King and Snohomish County Area Agencies on Aging and ALTSA field offices on implementation planning.

Strategic Objective 1.3: Improve health outcomes for children in foster care through delivery of care coordination services.

Importance: The Fostering Well-Being Care Coordination Unit supports the health and well-being of children in foster care by providing an overview of the health care needs of the child, supporting access to health care providers, navigating systems of care as needed, and providing medical, nursing and benefit expertise to social workers and families. Preliminary data shows these services improve health outcomes for Medicaid children as compared to children in out-of-home placements with similar diagnoses who don't receive such services.

Success Measure: Maintain the number of contacts, care recommendations, and discharge of referred foster children at current levels.

Action Plan: Efforts will continue to maintain staffing levels necessary to sustain this measure. Results of the March 2013 Lean Value Stream Map will be used to implement improvements to unit workflow, products, and communication. A plan will be developed with the Children's Administration and the Health Care Authority, outlining changes to unit functions and responsibilities when children begin receiving health care through managed care organizations.

DSHS Goal 2: Safety - Each individual and each community will be safe.

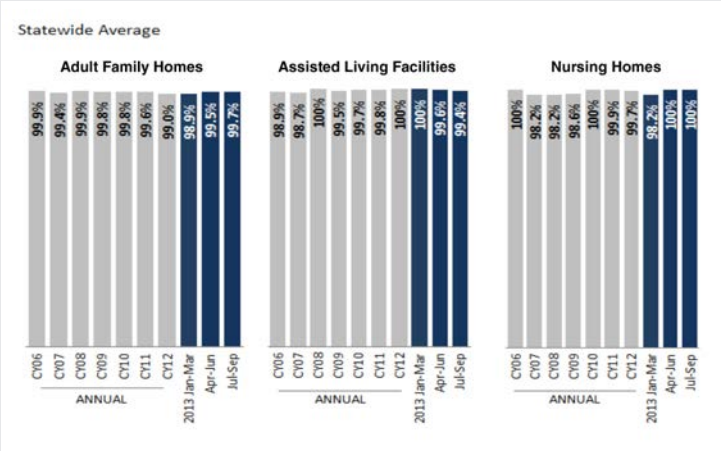
Strategic Objective 2.1: Affirm Adult Family Homes, Assisted Living Facilities and Nursing Homes are providing quality care and residents are safe through timely licensing re-inspections.

Importance: This measure ensures licensing re-inspections are completed timely, provider practice is consistent with quality care and vulnerable adults are protected from abuse. Licensing re-inspections are a valuable tool to ensure the quality of care.

Success Measure: Maintain the percentage of timely re-inspection at 99 percent.

Action Plan: Continue to re-inspect Adult Family Homes, Assisted Living Facilities and Nursing Homes within the required statutory time frames and assess the provider's ability to ensure residents' quality of life, care, and safety needs. A statewide performance measure will be developed to identify appropriate inspection intervals at each setting, including unscheduled visits and identifies adequate staffing levels necessary to accommodate these intervals. This will enhance the capacity of the Department to conduct unscheduled inspection visits, which ensure that the Department is getting an accurate picture of the quality of care provided in each facility.

CHART 2.1 Timely Licensing Re-inspections of Adult Family Homes, Assisted Living, and Nursing Homes



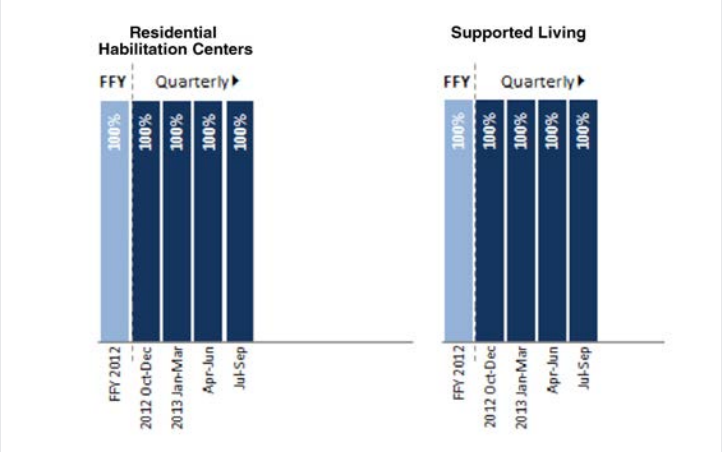
Strategic Objective 2.2: Affirm Residential Habilitation Centers and Supported Living Facilities are providing quality care and residents are safe through timely quality assurance activities.

Importance: This measure ensures quality assurance activities are completed timely to help promote the quality of care and protect vulnerable adults from abuse and neglect.

Success Measure: Maintain timely quality assurance activities at 100 percent.

Action Plan: Conduct quality assurance activities in Residential Habilitation Centers and Supported Living Facilities within the required statutory time frames and assess the provider's ability to ensure residents quality of life, care, and safety needs. Continue to work toward obtaining adequate staffing to complete the required work.

CHART 2.2 Timely Quality Assurance for Residential Habilitation Centers and Support Living Facilities



DSHS Goal 3: Protection - Each individual who is vulnerable will be protected.

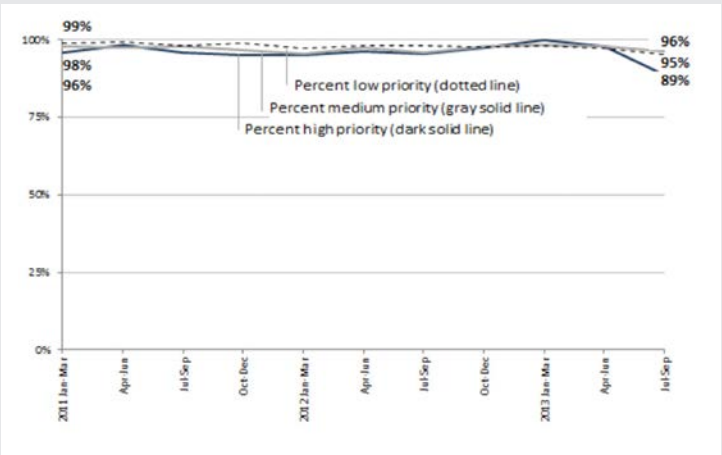
Strategic Objective 3.1: Protect vulnerable adults living in their homes through timely responses to allegations of abuse and neglect.

Importance: Adult Protective Services has two primary duties: **1)** ensure vulnerable adults are protected and **2)** investigate allegations to determine if abuse occurred. Timely response is essential if services are needed to protect the vulnerable adult, to preserve evidence when necessary and protect vulnerable adults from perpetrators with final findings.

Success Measure: Maintain timely response to high-priority investigations at 99 percent, increase percentage for medium-priority investigations to 98 percent and increase percentage for low-priority investigations to 97 percent by the end of 2014. Although fast response to individuals at risk of abuse is very critical, it comes at the expense of getting the investigations completed timely. As a result, the backlog of open cases continues to grow, and the quality and comprehensiveness of investigations may suffer while we focus resources on meeting initial response times.

Action Plan: In order to mitigate the lack of staff resources, the Department has leveraged maintenance-level funding to fund some additional staff and is in the process of completing automation enhancements that will further streamline the work of staff. Finally, the Department has conducted several quality reviews using Lean techniques and tools to identify efficiencies that can be put in place.

CHART 3.1 Timely Initial Response Based on Adult Protective Service Case Priority



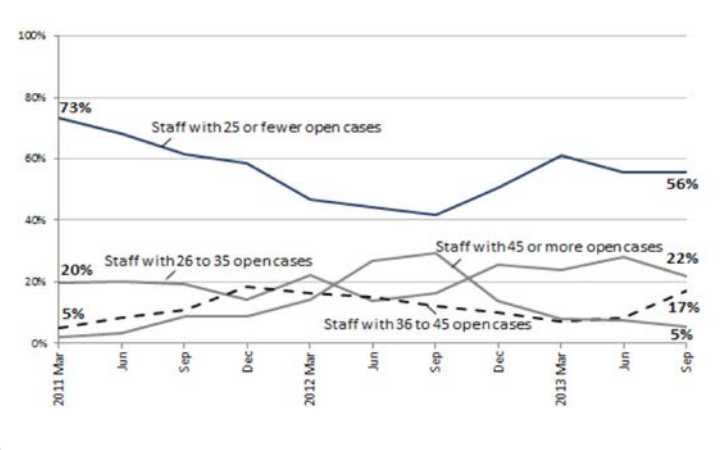
Strategic Objective 3.2: Obtain adequate Adult Protective Services staff in order to ensure the quality of investigations and timely provision of protective services.

Importance: Current Adult Protective caseloads are too high. This creates a backlog in the number of cases open and makes it difficult for staff to meet response times, especially for medium and lower priority cases. The current caseload ratio is approximately 27:1; a more appropriate caseload ratio is 22:1.

Success Measure: Reduce abuse and neglect caseloads from 27:1 to 22:1 by the end of 2014.

Action Plan: Monitor open cases on a monthly basis. In order to mitigate the lack of staff resources, the Department has leveraged maintenance-level funding to fund some additional staff and is in the process of completing automation enhancements that will further streamline the work of staff. A 2013 Lean A-3 Problem Solving Strategy is being used to identify opportunities to improve effectiveness and create efficiencies.

CHART 3.2 Adult Protective Service Workers by Workload of Open Cases



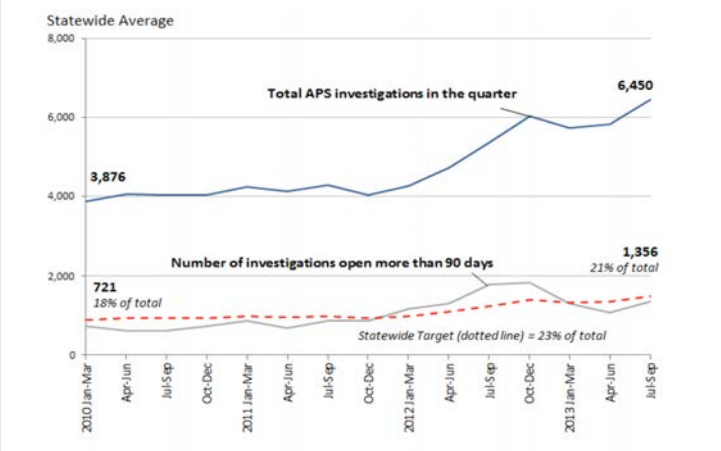
Strategic Objective 3.3: Ensure investigations are thorough, documented properly, and completed timely to maintain an efficient work flow that eliminates re-work caused by investigations which remain open longer than necessary.

Importance: The lack of adequate staffing has produced a backlog in the number of cases remaining open longer than 90 days. This creates re-work for staff and a delayed results or findings against the alleged perpetrator. These delays expand the time it takes to place a perpetrator on the Abuse Registry. Reducing this backlog will ensure faster results regarding findings of abuse and improve workflow and efficiency.

Success Measure: Decrease the percentage of vulnerable adult abuse and neglect investigations open longer than 90 days from 23.2 percent to 12.05 percent by 6/30/2015.

Action Plan: Revise the method of data reporting to depict current performance measure more accurately. Monitor investigations open beyond 90 days and track data for use in staffing request and streamlining opportunities. ALTSA completed a Lean A-3 Problem Solving Evaluation December 20, 2013 (Attachment) to summarize findings and recommendations to address Adult Protective Service staff turnover.

CHART 3.3 Percent of Adult Protective Services Investigations Open Longer than 90 Days



DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life.

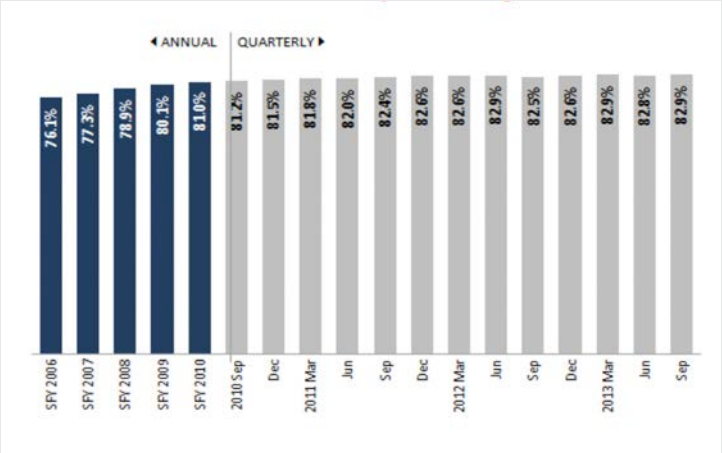
Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

Importance: The hallmark of Washington's long-term services and supports system is that, whenever possible, individuals are given the opportunity to live and receive services in their own home or a community setting. Developing home and community-based services has meant Washingtonians have a choice regarding where they receive care, and has produced a more cost effective method of delivering services. The development of home and community-based services resources, continues to evolve as individual's support needs change. Washington is recognized as a national leader in this area.

Success Measure: Increase the percentage of long-term services and supports clients served in home and community-based settings from 82.9 percent to 83.7 percent by 6/30/2015.

Action Plan: Continue to work with individuals in person-centered service planning to develop service plans that reflect individual needs and preferences. Continue the development of home and community-based resources to ensure individual needs can be met in the least restrictive setting, including services for specialized populations. Complete a Lean A-3 Problem Solving evaluation by January 10, 2014. Develop additional resources to support families and informal caregivers.

CHART 4.1 Percentage of Long-Term Services and Supports Clients Served in Home and Community-Based Settings



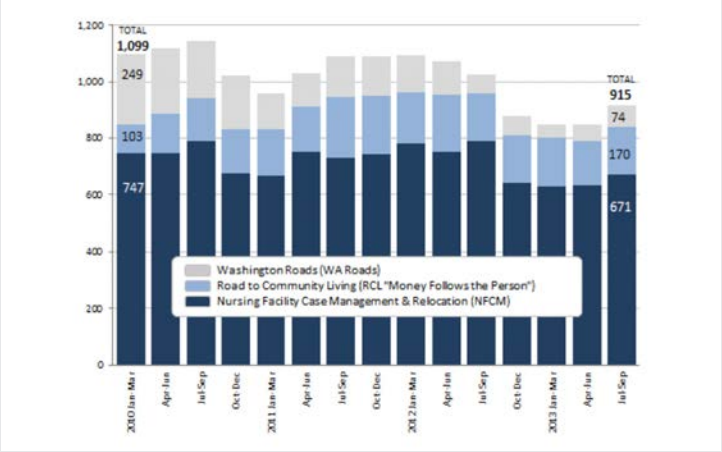
Strategic Objective 4.2: Increase the number of individuals ALTSA is able to assist in transitioning to their homes or the community from nursing homes.

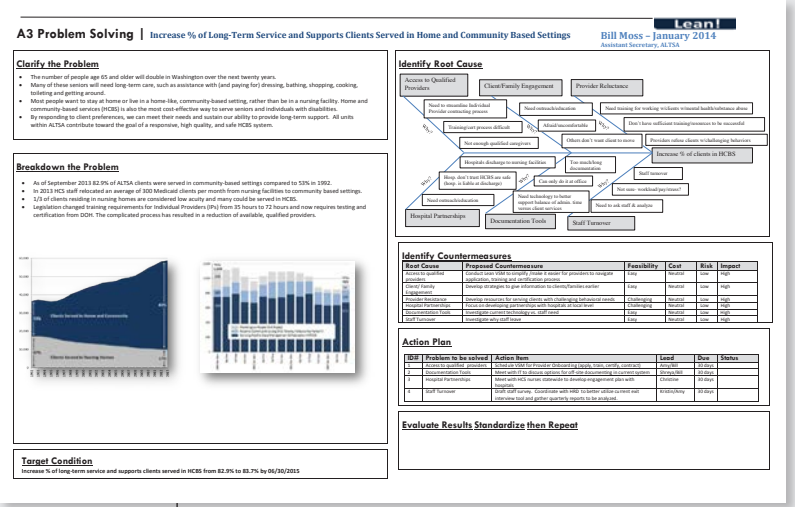
Importance: The majority of individuals who require support choose to receive help in their home or a community-based setting. Washington State has developed a system that is cost effective and offers individuals choices regarding how and where they will be supported. We believe there is opportunity to increase the number of individuals being supported in the community. By doing so, we facilitate choice, increase quality of life, and contribute to the financial health of Washington. Washington is recognized as a national leader in this area.

Success Measure: Increase the average number of individuals relocated from nursing homes quarterly to 950 by the end of 2015.

Action Plan: Continue the emphasis on voluntary relocation and diversion, including working with individuals to develop service plans that address barriers to living in the community. Leverage the federal "Money Follows the Person" funding to enroll eligible clients into the program. Provide additional training to nursing facility case management staff to improve nursing facility case management practice and to build the skill set required to help people live successfully in the community setting of their choice. Emphasize the availability of the "Washington Roads" program to meet client needs when federal funding is not available. Continue to develop specialized community resources to serve individuals with complex needs in their homes and community.

CHART 4.2 ALTSA Clients Who Actively Relocate from Nursing Homes to Home and Community-based Settings





A3 Metric

Click on the image above or click here to view the A3 Action Plan full sized (11 x 17).

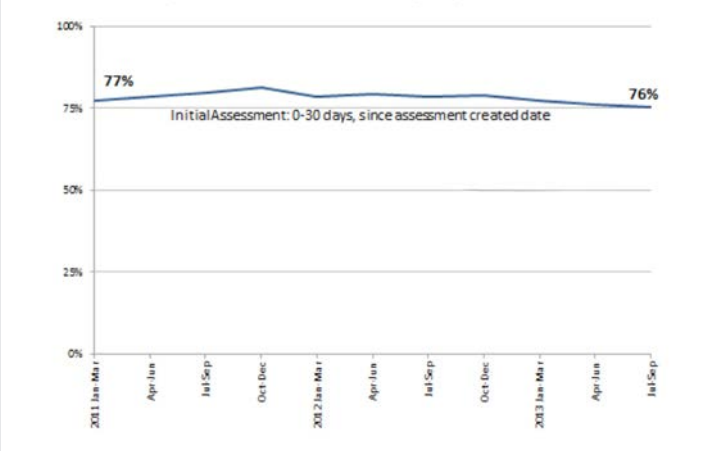
Strategic Objective 4.3: Ensure individuals who apply for services receive them timely so they are supported in the setting of their choice.

Importance: This objective has two success measures as both are related. In order to receive support, an individual must be both functionally eligible (meaning they require assistance with activities of daily living) and they must be financially eligible (meaning their assets and income must be within limits). When this has been established, support services may be provided. It is very important to provide support services in a timely manner to avoid problems that may occur absent the support services, such as loss of mobility, poor nourishment, medication errors and other problems that can produce poor health outcomes for individuals.

Success Measure: Increase the percentage of timely approvals for applications from 79 percent to 90 percent by the end of 2014.

Action Plan: ALTSA has prioritized recruitment efforts and will continue to develop strategies to recruit and retain quality staff. ALTSA will also continue to audit a statistically significant sample of client files to measure compliance; continue to require supervisors to audit files and monitor compliance with policies and timelines; and provide training and emphasize the federal requirement for financial eligibility of processing cases within the 45-day timeframe. In 2014, complete a Lean A-3 Problem Solving Evaluation and staff performance evaluations to improve effectiveness and efficiency.

CHART 4.3 Timely Determination of Functional Eligibility and Access to Services



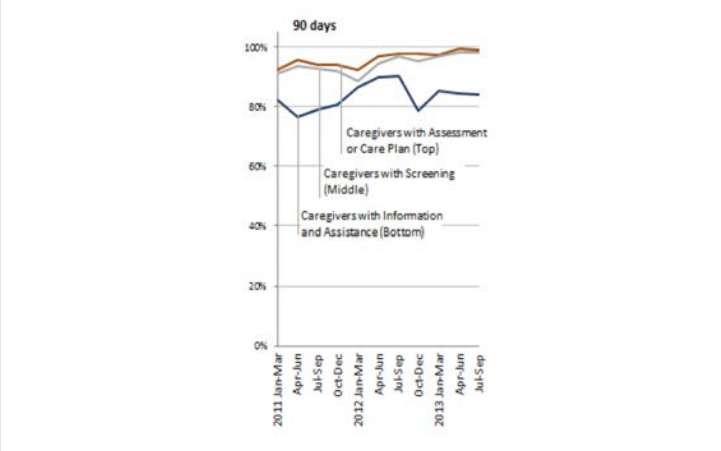
Strategic Objective 4.4: Support families and informal caregivers that provide unpaid support to those in need.

Importance: Families and other informal support providers are integral to Washington's long-term services and supports system. An investment to support informal caregivers ensures that Washington continues to be a national leader in providing family and caregiver supports. Data indicates that the higher the level of engagement with proven interventions, the greater the level of avoidance to access Medicaid long-term services and supports.

Success Measure: Increase the percentage of caregivers supported in the Family Caregiver Support Program as an alternative for care recipients who remain without Medicaid long-term care services for 60 days or longer.

Action Plan: Continue to train and certify TCARE® users. Work with partners and consultants to translate TCARE® tools into three additional languages. Continue to trend outcomes of TCARE® and the Family Caregiver Support Program. Explore opportunities for federal matching funds. Identify strengths and opportunities for improvements to Family Caregiver Support Program. Continue to develop additional services and supports at local community levels.

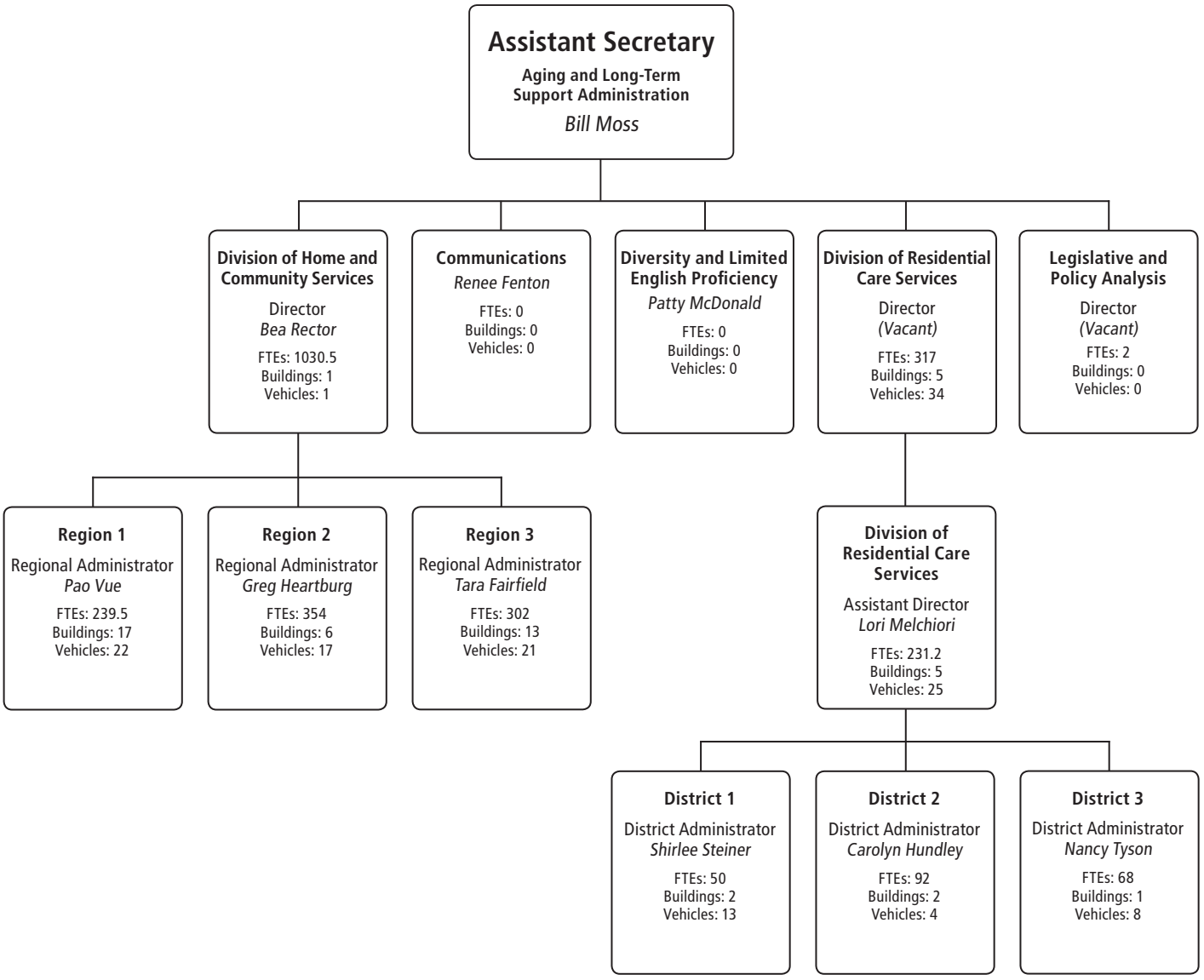
CHART 4.4 Percentage of Caregivers Whose Care Receiver Remained Without Paid Long-term Care Medical Services for 90 Days



Other important work in ALTSA

- Partner with Tribal governments to establish Tribal home care agencies to serve the growing number of American Indian and Alaska Native people in need in their communities.
- Streamline the Area Agency on Aging contracting process to simplify Tribal government involvement and allocation of resources to serve Tribal people.
- Build a sustainable future through development and implementation of innovative services designed to leverage federal funding and assist individuals and their caregivers to manage their own care when possible.
- Develop and adapt performance measures for inclusion in Area Agencies on Aging contracts by July 1, 2015, as required under House Bill 1519, related to: improvements in client health status and wellness; reductions in avoidable high-cost services; increases in stable housing in the community; and improvements in client satisfaction with quality of life.
- Improve capacity to support individuals with dementia and traumatic brain injury in community-based settings.
- Support the work of the Joint Legislative/Executive Committee on planning for aging and disability issues.
- Modify the five-year plan for sustainability of the Aging and Disability Resource Centers and continue expansion to reach the statewide coverage goal for a diverse population.
- Continue to develop specialized information, supports, and support groups for people with traumatic brain injury.
- In partnership with the Division of Vocational Rehabilitation, create a work plan outlining key employment support strategies and milestones designed for people with physical disabilities.
- Develop Enhanced Services Facilities to provide community-based long-term services and supports for people who are currently without a community-based option.
- Implement recommendations of the Adult Family Home Quality Assurance Panel enacted by the Legislature in Substitute Senate Bill 5630, which includes: completing the development of a care and service disclosure form for Adult Family Homes; developing a separate disclosure form for the financial cost of Adult Family Home care and services; creating a customer-oriented website; and reviewing specialty training to determine need for revision.
- Continue to ensure the availability of a well-trained and qualified provider workforce statewide. Continue to work with service providers, training programs, the Department of Health, and disability advocates addressing barriers to a stable home and community-based workforce.
- Continue to work with Area Agencies on Aging to deliver quality services pursuant to the federal Older Americans Act. This includes reviewing and approving updates for the two-year Local Area Plans.
- Successfully implement ProviderOne (Phase II), a new payment system, which will significantly increase overall payment integrity. Every payment will be verified and accounted for by automatically checking client eligibility, provider credentials/training, duplications, and other audit requirements. Payment data will be transparent and available in a single repository with other payments made by ProviderOne, such as nursing facility payments. A single repository of payment data provides a comprehensive view of all Medicaid payments and allows improved coordination of client care across programs and the ability to measure client outcomes.
- Work with the federal Housing and Urban Development, the State Department of Commerce, local housing authorities, and landlords to develop affordable and accessible housing options for individuals served by ALTSA.

Department of Social and Health Services
Aging and Long-Term Support Administration



Washington State Department of Social & Health Services

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January 8, 2014